



Missouri Coroners and  
Medical Examiners Association

## Missouri Coroners and Medical Examiners Association 2026 Fall Conference Registration Information

The Missouri Coroners and Medical Examiners Association invites you to attend the 2026 Fall Conference. This annual event provides continuing education, professional networking, and updates on current issues impacting medicolegal death investigation throughout Missouri.

Additional conference details are provided below. To register, please complete and return the attached registration form.

### Conference Information

- Conference Dates: Monday, September 28 – Wednesday, September 30, 2026
- Conference Fee: No charge for members whose 2026 annual dues are paid.
- Location: Margaritaville Lake Resort  
494 Tan Tar A Drive  
Osage Beach, MO 65065
- Reservations: 573-348-3131 or 800-826-8272
- Conference Hotel Rate: \$149 per night, plus a \$20 nightly resort fee and applicable taxes.

### Hotel Reservations

Each attendee is responsible for making their own hotel reservation directly with Margaritaville. A credit/debit card is required to guarantee your reservation and again at check-in for incidentals. Members whose 2026 annual dues are paid and who attend the full conference will have their room, resort fee, applicable taxes, and designated meals covered by MCMEA.

Please do not make multiple reservations under the same name. If you cancel your reservation, you must cancel directly with Margaritaville according to the hotel's cancellation policy. Failure to cancel or a no-show may result in charges to your credit/debit card.

Reservations by attendees must be received on or before Friday, August 28, 2026.

### Conference Cancellation Policy

- Conference registration and hotel reservations are separate and are subject to different cancellation policies.
- Conference registration cancellations received by August 15, 2026, may be applied toward the Spring 2027 Conference without an additional registration fee. Cancellations received after August 15, or failure to attend without canceling, may result in an additional registration fee for a future conference.



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- Written conference cancellations must be submitted to:  
MCMEA  
c/o Emily Vines  
9 South Lorimier Street  
Cape Girardeau, Missouri 63703
- or emailed to [info@mcmea.org](mailto:info@mcmea.org).
- Please retain confirmation of receipt.

**Registration**

Submit one completed registration form for each attendee by August 15, 2026, by mail to the address above or by email to [info@mcmea.org](mailto:info@mcmea.org).

**Conference Schedule**

Training begins at 8:00 am. on Monday, September 28, and concludes at 5:00 pm on Wednesday, September 30. Attendees are encouraged to arrive on Sunday, September 27.

**Questions**

Conference-related questions may be directed to Emily Vines, Operations Consultant at [info@mcmea.org](mailto:info@mcmea.org). For questions or additional information unrelated to the fall conference, please contact your troop director or any member of the MCMEA Executive Board.

- Willie Harlow, Board President - [w4harlow@sbcglobal.net](mailto:w4harlow@sbcglobal.net)
- Michael Taylor, Vice President - [mtaylor@webstercountymo.gov](mailto:mtaylor@webstercountymo.gov)
- Meghan Cook, Secretary - [Meghandanielle1982@gmail.com](mailto:Meghandanielle1982@gmail.com)
- Calvin Troxell, Treasurer - [Mhfresq2@att.net](mailto:Mhfresq2@att.net)



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### 2026 MCMEA Spring Coroners Conference Registration Form

Complete and return the form by mail to: MCMEA, c/o Emily Vines, 9 South Lorimier Street, Cape Girardeau, Missouri 63703 OR by e-mail to [info@mcmea.org](mailto:info@mcmea.org) (payment will still need to be mailed).

Registration forms and registration payment must be received by August 15, 2026. As a reminder, a paid membership must be on file for your registration to be processed by MCMEA. You may return this training conference application as an email attachment to [info@mcmea.org](mailto:info@mcmea.org).

Please print (clearly and legibly) or type:

Attendee's Name:

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Attendee's Title: \_\_\_\_\_ Troop: \_\_\_\_\_

County/Department/Office:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address:

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Food Allergies:

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Special Considerations:

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